NATIONAL GRANGE MEMBERSHIP RECOGNITION APPLICATION

This certifies that the members listed below are members of _____ Grange, number _____ in the County of _____ in the State of _____, and have been continuous members entitled to official recognition.

See Reverse Side of Form for Pricing Information. Make Checks payable to the National Grange. PLEASE WRITE CLEARLY OR TYPE.

Member's Name †	Office Use Only	Grange Name and Number	Month/Year Joined	Month/Year Demitted	Recognition Requested*

† Print or type names clearly exactly as they will appear on the award

*eg. 50, 75, certificate, etc.

I certify the foregoing is a correct statement of membership _____ Secretary (Subordinate/Community)

Date: _____

Mail Membership Recognition to: (please print or type)

_____

_____

_____

Seal of Subordinate Grange

Seal of State Grange

Signed: _____
Oregon State Master

Date: _____

(rev 06/10)